

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	OHNO, et al.	Examiner:	Reddy, Karuna P.
Serial No.:	10/561680	Group Art Unit:	1796
Filed:	March 16, 2007	Docket:	20162.0025USWO
Title:	CURING COMPOSITION		

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper is being transmitted by EFS Web to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 10, 2011.

By: 

Name: Chieko Rogers

INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

With regard to the above-identified application, the items of information listed on the enclosed Form SB08 are brought to the attention of the Examiner. The art was originally cited in a Japanese Office Action mailed February 8, 2011, issued in the corresponding Japanese Application No. 2005-511390. A copy of the Office Action is enclosed. Copies of any foreign patent documents or "Other Documents" are enclosed.

A concise explanation of the relevance of each non-English language document or other information is as follows (37 C.F.R. §(a)(3)):

A full English translation has been included for each Japanese reference listed on the Form SB08. JP2000-178456 was also listed in the International Search Report issued in PCT/JP2004/009624, submitted in the Information Disclosure Statement on December 21, 2005. The corresponding U.S. Publication No. 2004/002990 was submitted as cited art at that time.

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed (CHECK ONE):

- ☒ (1) within three (3) months of the Filing Date, before the mailing date of a First Office Action on the merits, or before the mailing date of a First Office Action on the merits after the filing of a request for continued examination under 37 C.F.R. §1.114; or
- ☐ (2) after the period defined in (1) but before the mailing date of a Final Rejection or Notice of Allowance, and
- ☐ the requisite Statement is below, OR

- ☐ the requisite fee of \$180.00 under Rule 1.17(p) is included herein, or
- ☐ (3) after the mailing date of a Final Rejection or Notice of Allowance but on or before the payment of the Issue Fee, AND the requisite Statement is below AND the requisite fee of \$180.00 under Rule 1.17(p) is included herein.

STATEMENT

Applicants hereby state that:

- ☐ Each item of information contained in the Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart application or by the USPTO in a related application not more than three months prior to the filing date of the Information Disclosure Statement
- ☐ If this box is checked, Applicant provides the following:

Certification Under 37 C.F.R. §1.704(d)

In accordance with 37 C.F.R. §1.704(d), the undersigned hereby certifies that each item listed on the enclosed Form SB08 was first cited in a communication from a foreign patent office in a counterpart application, and that this communication was not received by any individual designated in 37 C.F.R. §1.56(c) more than thirty (30) days prior to the filing of this Information Disclosure Statement.

- ☐ The Examiner is hereby advised of the following co-pending U.S. applications. A copy of each U.S. patent application publication (if published) or application (if not published) is enclosed.

Application No.

Filing Date

Group

No representation is made that a reference is "prior art" within the meaning of 35 U.S.C. §§ 102 and 103 and Applicants reserve the right, pursuant to 37 C.F.R. § 1.131 or otherwise, to establish that the reference(s) are not "prior art." Moreover, Applicants do not represent that a reference has been thoroughly reviewed or that any relevance of any portion of a reference is intended.

Consideration of the items listed is respectfully requested. Pursuant to the provisions of M.P.E.P. 609, it is requested that the Examiner return a copy of the attached Form SB08, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

FEE AUTHORIZATION

Please charge any required fee or credit overpayment to Deposit Account No. 50-3478.

Respectfully submitted,

HAMRE, SCHUMANN, MUELLER &
LARSON, P.C.
P.O. Box 2902
Minneapolis, MN 55402-0902
(612) 455-3800

Dated: March 10, 2011

By: 

Douglas P. Mueller
Reg. No. 30,300
Customer No. 52835

DPM/cmr